

BEST AVAILABLE CO.™

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/554211	FILING DATE					
						APPLICANT(S)						
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1					51						
2	1					52						
3	2					53						
4	2					54						
5	6					55						
6	1					56						
7	1					57						
8	14					58						
9	1					59						
10	1					60						
11						61						
12						62						
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38						88						
39						89						
40						90						
41						91						
42						92						
43						93						
44						94						
45						95						
46						96						
47						97						
48						98						
49						99						
50						100						
TOTAL IND.	3		1			TOTAL IND.						
TOTAL DEP.	27	↔		↔	↔	TOTAL DEP.						
TOTAL CLAIMS	30		1			TOTAL CLAIMS						